

## **COMPLIANCE CHECKLIST**

### **▷ Limited Services Clinics**

The following Checklist is for plan review of clinic facilities, and is derived from Clinic Licensure Regulations 105 CMR 140.000 and applicable sections of Section 3.3 of the AIA *Guidelines for Design and Construction of Health Care Facilities* (2006 Edition). Applicants must verify compliance of the plans submitted to the Department with all the requirements of the Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

#### Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (\_\_\_\_) of this Checklist must be filled in with one of the following checklist symbols, unless otherwise directed.

**X** = Requirement is met.

**W** = Waiver is requested, where hardship in meeting requirement can be proven (please complete Waiver Request Form for each waiver request, attach 8½" x 11" plan & list the requirement reference number on the affidavit).

Facility Name:

.....

Facility Address:

.....

Satellite Name: (if applicable)

Building/Floor Location:

.....

Satellite Address: (if applicable)

.....

Submission Dates:

Project Description:

Initial Date:

Revision Date:

.....

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

**ARCHITECTURAL REQUIREMENTS****MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS**140.020(9) LIMITED SERVICES LIST

- ☐ List of limited services to be provided by the clinic is included in Project Narrative.
- ☐ Proposed services meet the definitions of 105 CMR 140.020(9) & 140.1001.

140.202 RECEPTION & OFFICE AREAS

- ☐ Reception area
- ☐ adequate space & equipment
- ☐ Waiting area
- ☐ adequate space & equipment
- 3.3-3.1.2** ☐ waiting space for individuals in wheelchairs

140.202 ☐ Administrative offices

- ☐ on-site offices      **or**      ☐ off-site offices
- ☐ Storage of patient records

140.203 LIMITED SERVICES EXAM ROOM

- ☐ Safeguards patient dignity & privacy
- ☐ sight privacy
- ☐ sound privacy

140.1002(B) ☐ Min. floor area 56 sf140.1002(D) ☐ exclusive of fixed casework

- ☐ Hand sanitizer dispenser located outside each exam room

- ☐ Handwashing facilities
- ☐ Examination light
- ☐ Min. one duplex receptacle

**3.3-2.1.3.4**

(1)

- ☐ Clinical supplies storage
- ☐ sterile equipment & supplies
- (2) ☐ locked storage for biologicals & drugs

140.205 TOILET FACILITIES

(A)

- ☐ Conveniently located
- ☐ Adequate for patients & personnel

## 140.209

- ☐ Handicapped accessible
- ☐ Appropriate to the services provided by the clinic

**3.3-2.1.3.1**

- ☐ Suitable for specimen collection

(D)

- ☐ Separate access from clinic to toilet facilities

**or**

- ☐ Toilet facilities shared with host entity
- ☐ Toilet facilities reasonably proximate to clinic exam room

(E)

140.206 JANITOR'S CLOSET

- ☐ Janitor's closet dedicated to clinic      **or**      ☐ Janitor's space shared with host entity
- ☐ Suitably located
- ☐ Space for housekeeping equipment

- ☐ Service sink or floor receptacle
- ☐ hot & cold water
- ☐ Exhaust ventilation

- ☐ Storage space for cleaning compounds
- ☐ door equipped with lock

140.207 STORAGE SPACE

- ☐ Storage space adequate & suitable for equipment & bulk office supplies

140.209(B) ACCESSIBILITY TO HANDICAPPED INDIVIDUALS

\_\_\_ Clinic accessible to handicapped individuals

\_\_\_ Directly access  
to limited services clinic  
from outside grade

or

\_\_\_ Limited services clinic located on  
the premises of another entity  
\_\_\_ Access corridors or aisles  
constitute an accessible route  
for handicapped individuals.  
\_\_\_ Formal agreement with host  
entity for the purpose of  
maintaining accessible route  
free of obstructions at all times  
\_\_\_ copy of formal access  
agreement between the  
clinic and host entity is  
attached.

SIGNS

140.209(B) \_\_\_ Access corridors or aisles for handicapped access are well marked.

140.1001(L) \_\_\_ Clinic not located within  
retail location that sells  
tobacco products

or

\_\_\_ Clinic located within  
retail location that sells  
tobacco products  
\_\_\_ Information conforming to  
140.1001(L) is posted in a  
prominent location.

140.205 HANDWASHING FACILITIES

(A) \_\_\_ Conveniently located

\_\_\_ Adequate for patients & personnel

\_\_\_ Appropriate to the services provided by the clinic

(B) \_\_\_ Soap dispenser

\_\_\_ Disposable towels dispenser or electronic hand dryers at each  
handwashing sink

\_\_\_ Waste receptacle at each handwashing sink

140.208 VENTILATION

\_\_\_ All rooms that do not have operable windows are provided with  
satisfactory mechanical ventilation.

\_\_\_ Toilet rooms are provided with satisfactory mechanical ventilation.

**3.3-5.3.2** LIGHTING

\_\_\_ Lighting in all spaces occupied by people, machinery & equipment.

\_\_\_ Lighting in outside entryways

\_\_\_ Automatic emergency lighting in host facility